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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

WILLIAM BRANCH

:

CIVIL ACTION

V.

:

NO. CV-00-1728

NEIL HEFFERMAN, P.A., et al.

:

FILED
SCRANTON

OCT 22 2001

PER

DEPUTY CLERK

EXHIBITS OF NEIL HEFFERMAN, P.A. IN SUPPORT OF HIS SECOND
REPLY BRIEF IN SUPPORT OF HIS MOTION TO DISMISS THE
COMPLAINT OF WILLIAM BRANCH

DC-135A

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Neil Heffernan PA-C</i>		2. DATE <i>8-9-00</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>Wm Branch CF3756</i>		4. COUNSELOR'S NAME <i>Mr Long</i>
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT <i>RHU</i>	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. <i>Sir: I have learned that you changed my diet on 7-30-00, as this is a Saturday and I was in the R H U. Please explain to me why and who told you to do this as I did not see you and I have spoken with other medical staff and they don't seem to know anything about this and I had just received my last check up and diet Pass earlier this month 7-5-00 or there about. Please correct this matter as soon as possible. I await your reply.</i>		
<i>William Branch</i>		

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

MR. BRANCH YOU ARE ON A 2500 CALORIE DIABETIC DIET. THE SAME DIET YOU HAVE BEEN ON SINCE 4-26-00

Neil Heffernan, PA-C

Neil Heffernan PA-C

DC-135A

Exhibit AA-2

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) Mr. Pulminski Main Kitchen		2. DATE 8-2-00
3. BY: (INSTITUTIONAL NAME AND NUMBER) William Branch CF 3956		4. COUNSELOR'S NAME MA Long
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT #1 R H U 115 N1	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.		

Sir: has my Diet been changed

from 2500 - if not Please

speak with the Person Preparing
the Diet Bags as I am not getting

my Bags on a regular Bose's and

I am Receiving 2000 on the one's I Receive

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

(P.S.) one day of sever's ? mb you
Mr. Branch, had to call for my Bag

Effective 7-30-00, your diet or ~ has been changed to a 2000 cal. diabetic diet, so the snack bag you have been receiving is correct. I regard to your not receiving a bag, I will look into the matter and insure that your bag is sent nightly.

DC-135A

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DEPARTMENT OF CORRECTIONS

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INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Mr Pulminski F.M. I</i>		2. DATE <i>8-7-00</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>Wm Branch CF3756</i>		4. COUNSELOR'S NAME <i>Mr Long</i>
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT <i>RH U</i>	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.		
<p><i>Sir: I don't understand why I keep receiving 2000 cal Diet & Bag, I spoke with the Doctor and he has stated that he ordered 2500 cal Diet for me</i></p> <p><i>Can you please check into this</i></p> <p><i>Thank you</i></p>		

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. Branch,

This was checked into several days ago when I answered your last request. Neil Heffernan, PA, signed your last diet order on 7-30-00 and prescribed a 2000 calorie diabetic diet for you which is valid until 1-30-01. We will not send a 2500 calorie diet until your prescribed diet has been changed. Attached is a copy of the diet order.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Mr Pulminski food manger

2. DATE

8-30-00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Win Branch CF 3756

4. COUNSELOR'S NAME

Mr Long

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

R H U

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir: I have been writing you during my time here in the R H U about my diet Bag. Some How my bag has not been properly delivered to me sometimes no meat and some one stepped on my bread other times not at all and to day 1 slice of bread when I too get 2 slices of

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Bread. I would think that more care be provided in light of these many complaints if I can not feel that my meals are properly prepared and handle in a sanitary manor, that feel constitute a violation of the 8th amends cruel and unusual punishment! Please speak with your staff to insure that my meals are correct

Respectfully
I await your Reply

Sir,
I will address. I have not received any communication from you in over 2 months. I can not address a problem if I am not aware of it happening. I suggest you bring these complaints to the attention of the R H U.
Lt. (Welling). I will inspect your bag from this end.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DEPARTMENT OF CORRECTIONS

THERAPEUTIC DIET ORDER FORM

MEDICAL NUTRITION THERAPY

Order Date: 7-30-00 Expiration Date: 1-30-01 Height: 5'9" Weight: 230

Potential food/drug interaction problems? (i.e., Lithium, MAO Inhibitors, Theophylline): Yes _____ No ☒ (If Yes, explain):

PA DOC STANDARD DIETS

☒ **DIABETIC:** Circle calorie level. Diabetic diets have a total fat content <30%, Na restricted; HS snack automatically included.1500 2000 2500 3000☐ **CARDIAC:** Fat/Cholesterol/Sodium Restricted: Total fat <30% of total calories; Saturated fat <7% of total calories; Cholesterol <200 mg/day; Sodium 3000-4000 mg; approximately 2500Kcal.☐ **HIGH KCAL/PRO:** 120 gram protein, >4000 kcal.☐ **MECHANICAL SOFT:** Consistency modified to minimize need for chewing☐ **RENAL (NON-DIALYSIS):** 60 gram protein, sodium, potassium, phosphorus & fluid controlled☐ **CLEAR LIQUID:** (duration 3 days max)☐ **RENAL (DIALYSIS):** 80 gram protein, sodium, potassium, phosphorus & fluid controlled☐ **FULL LIQUID:** (duration 3 days max)☐ **OTHER NON-STANDARD DIET:**

Additional modifications/comments:

BRO

Physician/PA Signature:



Neil Heffernan, PA-C

WHITE — Medical Records

CANARY — Food Service

Therapeutic Diet Order
Commonwealth of Pennsylvania
Department of Corrections
JC-465

Inmate Name: BRANCH, WILLIAM

Inmate Number: CF 3756

DOB: 1-13-52

Institution: WAYMART